



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Cosmetology

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P.O. Box 11329 • Columbia • SC 29211-1329

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www.llronline.com/POL/Cosmetology/



BOOTH RENTER REINSTATEMENT APPLICATION

Application fees are subject to change and are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

- Fill application out in blue or black ink only.
- Faxed applications are not acceptable.
- Remit the \$122.00 fee via check, money order or cashier's check made payable to: **LLR-Board of Cosmetology. Cash is not acceptable.**
- **Booth Renter licenses are not transferrable between salons.** If you are changing salon locations, you must return the old booth renter license and apply for a new booth renter license for the new salon location.
- If you have misplaced your booth renter's license, this is not the form to complete. Please complete a duplicate license form and return it to the Board with the appropriate payment.
- All information in this document is a public record subject to disclosure pursuant to the S C Freedom of information Act, except for items designated with this symbol (*).

Registered Cosmetologist- \$122

Esthetician- \$122

Nail Technician- \$122

SC License Number: _____

Date of Birth*: ____ / ____ / ____

Full Legal Name: _____
First Middle Maiden (if married) Last

Salon Name: _____ Salon License Number: SAL _____

Salon Address: _____
Street (physical address required) City State Zip

Salon Mailing Address: _____
Street/PO Box City State Zip

Salon Email Address: _____ Telephone #: (____) _____

1. Since the date of your last renewal application, has any complaint been formally lodged or has any action been taken against your license in any jurisdiction? (**If yes, attach** a detailed explanation **and** send a request to the board issuing the disciplinary action for a copy of the final order to be sent **directly** to the SC Board of Cosmetology.) Yes No

2. Since the date of your last renewal application, have you been charged, arrested, indicted or convicted, pled guilty of, or pled nolo contendere for violation of federal, state, or local law (other than minor traffic violation)?
 (If yes, attach a detailed explanation and send a criminal records check from the state(s) in which you were convicted.) Yes No
3. Has there been any change in the status of your lawful presence in the United States since initial licensure? Yes No

I have carefully read all questions on this reinstatement application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delaying processing.

I am the responsible manager on file with the South Carolina Board of Cosmetology. I understand it is my responsibility to ensure compliance with all statutes and regulations of the Board.

Manager's Name

Manager's License Number (Required)

Salon Manager's Signature

Date

I understand it is my responsibility to maintain a current South Carolina cosmetology, esthetics or nail technician license in addition to maintaining a current booth renter's license while working in a salon. My licenses will be kept in conspicuous places as outlined in Section 40-13-280 of the SC Board of Cosmetology Practice Act.

SECTION 40-13-280. Display of license near licensee's work chair.

A holder of a license under this chapter shall display the license in a conspicuous place adjacent to or near the licensee's work chair.

Booth Renter's Signature

Date



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents. Provide copies of the front and back.)

Section B: Attestation.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20_____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. (Make a copy of the front and back)

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)